FILED

2007 AUG 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300108700683
08/28/07--01018--020 **300.00

CR2E041 (1/07)

DOCUMENT # L01000006129

1. Limited Liability Company's Name

LOST EAGLE, L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Jack O. Hackett II		c/o Jack O. Hackett II	
Suite, Apt. #, etc. 99 Nesbit Street		Suite, Apt. #, etc. 99 Nesbit Street	
City & State Punta Gorda, FL		City & State Punta Gorda, FL	
Zip 33950	Country US	Zip 33950	Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4/20/2001

6. FEI Number: 300085987 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Jack O. Hackett II

Street Address (P.O. Box Number is Not Acceptable): 99 Nesbit Street

Suite, Apt. #, Etc.:

City: Punta Gorda State: FL Zip Code: 33950

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 7/27/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Graham F. Zug	127 Rose Lane	Haverford, PA 19041
MGRM	Harry B. French, Jr.	100 [redacted] Kywlyn	Radnor, PA 19087
		REINSTATEMENT 05-07	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Graham F Zug Date 8/5/07 Daytime Phone # 610-420-9184

Typed or printed name of signing Managing Member/Manager Graham F. Zug